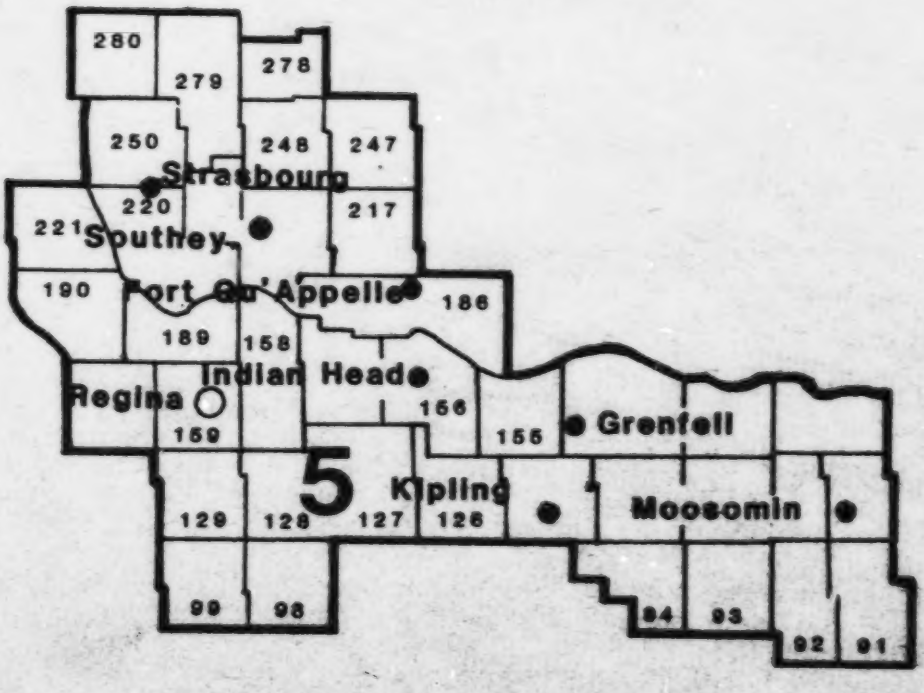
Saskatchewan
Health

Community Services

Annual Review
1986 - 1987

Regina Rural
Health Region



REGINA RURAL HEALTH REGION

ANNUAL MEETING OF MUNICIPAL HEALTH REPRESENTATIVES

Tuesday, June 16, 1987

AGENDA

8:45 - 9:30 A.M.	Registration and Coffee
9:30 A.M.	Call to Order
	Greetings
	Chairman's Remarks
9:45 A.M.	Report of Medical Health Officer
	Regina Rural Region Program Staff Reports
	Discussion and Questions Regarding Reports
10:45 A.M.	Guest Speaker
	Dr. James A. Dosman, Director Centre for Agricultural Medicine University of Saskatchewan
	Topic: Effects of Grain Dust and Agricultural Chemicals
	Question Period
12 Noon	Lunch - Echo Valley Cafeteria
1:15 P.M.	District Meetings
2:30 P.M.	Reports from District Meetings
	Resolutions
	Other Business
3:15 P.M.	S. J. Malach, Executive Director Community Health Services Branch
3:30 P.M.	Adjournment
3:34 P.M.	Regional Board Meeting

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REGINA RURAL REGIONAL BOARD OF HEALTH

1986-87

District 1	Mrs. Della Anderson P.O. Box 160 Pense S0G 3W0	R.M. of Pense No. 160
District 2	Mr. Hugh McLeod Leross S0A 2C0	Village of Leross
District 3	Mr. Fred G. Schmidt, Chairman P.O. Box 112 Lipton S0G 3B0	Village of Lipton
District 4	Mr. Philip Hoffman P.O. Box 377 Grenfell S0G 2B0	R.M. of Elcapo No. 154
District 5	Mr. Geoff Bartlam, Vice-chairman P.O. Box 605 Whitewood S0G 5C0	R.M. of Willowdale No. 153

REGINA RURAL REGION MUNICIPAL HEALTH REPRESENTATIVES 1987

District 1

Town of Balgonie	Allan Selinger	Box 423, Balgonie
Village of Belle Plaine	Elizabeth Brooks	Belle Plaine
Village of Bethune	Ken Gronick	Box 185, Bethune
Resort Village of Buena Vista	Kristine Walter	Box 142, Regina Beach
Village of Chamberlain	Robert Doig	Chamberlain
Village of Dilke	James Selinger	Dilke
Village of Disley		
Village of Edenwold	Sally Mohl	Box 77, Edenwold
Village of Findlater	Betty Murdoch	Box 10, Findlater
Village of Grand Coulee		
Village of Grandview Beach	Loretta Hicks	Box 94, Bethune
Village of Holdfast	Joe Anheliger	Holdfast
Village of Lang	Charlotte Vanstone	Box 160, Lang
Town of Lumsden	Louise Holloway	Box 213, Lumsden
Resort Village of Lumsden Beach		
Town of Milestone	Marion Moskowy	Box 164, Milestone
Village of Pense	Sandra Schlamp	Box 148, Pense
Village of Penzance	Jim Thorson	Penzance
Town of Pilot Butte	Glenn Larson	Box 235, Pilot Butte
Town of Regina Beach	Alice Mills	Box 344, Regina Beach
Village of White City	Joni Herbison	Box 281, White City

Village of Wilcox	Dennis Ulmer	Wilcox
Town of Yellow Grass	Sheila Hennie	Box 286, Yellow Grass
R.M. of Scott No. 98	Maurice P. Howe	Box 215, Milestone
R.M. of Caledonia 99	Florence Nicholas	Box 362, Milestone
R.M. of Lajord No. 128	Norm Desautels	Box 46, Riceton
R.M. of Bratt's Lake No. 129	Leo Ulrich	R.R. #3, Regina
R.M. of Edenwold No. 158	Margaret Hutchence	R.R. #3, Zehner R.R.#3
R.M. of Sherwood No. 159	Diane McAllister	Site 1, Box 10, Regina
R.M. of Pense No. 160	Della Anderson	Box 160, Pense
R.M. of Lumsden No. 189	John K. Gilmour	R.R. #2, Regina
R.M. of Dufferin No. 190	Dolores Riche	Box 267, Bethune
R.M. of Sarnia No. 221	Albert Ball	Box 5, Dilke

District 2

Village of Bulyea	Helen Thompson	Bulyea
Village of Craven	Helen Eliason	Craven
Village of Duval	Jacob Krentz	Box 66, Duval
Village of Earl Grey	Shirley Mohr	Box 83, Earl Grey
Town of Govan	Darlene Wooff	Box 26, Govan
Village of Kannata Valley		
Village of Kelliher	Ed W. Faye	Kelliher
Village of Leross	Hugh McLeod	Leross
Village of Lestock	Gordon McKenzie	Lestock
Town of Nokomis	Joe Wallace	Box 402, Nokomis
Resort Village of Pelican Point		
Village of Punnichy	Leslie Orban	Box 193, Punnichy
Village of Quinton	Eleanor Jean Schab	Quinton
Town of Raymore	Gladys Kram	Raymore
Resort Village of Saskatchewan Beach	A.W. Fairbairn	Box 98, Silton
Village of Semans	David Hansen	Box 214, Semans
Village of Silton	J.B. Martin	Box 6, Silton
Town of Strasbourg	Albert Keyser	Box 267, Strasbourg
R.M. of Longlaketon No. 219	Frank Edenoste	Earl Grey
R.M. of McKillop No. 220	Murray Barr	Strasbourg
R.M. of Kellross No. 247	Carol Thompson	Kelliher
R.M. of Touchwood No. 248	Frank Desfosses	Box 412, Cupar
R.M. of Last Mountain Valley No.250	Monty McKenzie	Box 12, Duval
R.M. of Kutawa No. 278	Gottlieb Kreitzer	Quinton
R.M. of Mount Hope No. 279	Gordon Goldfinch	Raymore
R.M. of Wreford No. 280	Calvin H. Harding	Box 312, Nokomis

District 3

Village of Abernethy	Bill Garratt	Abernethy
Town of Balcarres	Irma Trapp	Box 413, Balcarres
Resort Village of B-Say-Tah	Corinne Cameron	Box 1837, Fort Qu'Appelle
Town of Cupar	Alois Rey	Box 369, Cupar
Village of Dysart	Arthur Hromek	Box 292, Dysart
Town of Fort Qu'Appelle	Frances Hahn	Box 640, Fort Qu'Appelle
Town of Indian Head	Gloria Karpa	Box 875, Indian Head

Resort Village of Katepwa Beach	Earl Hesse	Balcarres
Village of Lebret	Ralph Blondeau	Box 124, Lebret
Village of Lipton	Fred G. Schmidt	Box 112, Lipton
Village of Markinch	D. Swyryda	Markinch
Village of McLean	Clifford Ehenal	McLean
Town of Qu'Appelle	Jean Kurbis	Box 23, Qu'Appelle
Resort Village of Sandy Beach	Michael Lucas	Box 1124, Fort Qu'Appelle
Town of Sintaluta	Frank Earnshaw	Sintaluta
Town of Southey	Joe Gebauer	Box 39, Southey
R.M. of Indian Head No. 156	Ted Braden	Box 582, Indian Head
R.M. of South Qu'Appelle No. 157	George Pauliuk	McLean
R.M. of Abernethy No. 186	Nelle Penny	Box 164, Abernethy
R.M. of North Qu'Appelle No. 187	Ralph Patterson	Box 99, Fort Qu'Appelle
R.M. of Lipton No. 217	William Michelson	Box 42, Lipton
R.M. of Cupar No. 218	Raymond Voelpel	Box 86, Markinch

District 4

Town of Broadview	Phil Boivin	Box 534, Broadview
Town of Francis		
Village of Glenavon	Dot Ennis	Box 87, Glenavon
Town of Grenfell	Keith Biesenthal	Box 625, Grenfell
Village of Kendal	Joe Rink	Box 8, Kendal
Town of Kipling	Katherine Robertson	Kipling
Village of Montmartre	Mary Chorneyko	Box 431, Montmartre
Village of Odessa	Yvette Schatz	Odessa
Village of Sedley	Clairece Ferguson	Box 2, Sedley
Village of Vibank	Jeanette Schaeffer	Box 147, Vibank
Village of Windthorst	Arnold Schifferns	Box 25, Windthorst
Town of Wolseley	Mel Wood	Box 598, Wolseley
R.M. of Hazelwood No. 94	Clayton Cross	Box 447, Kipling
R.M. of Golden West No. 95	Carol McCarthy	Box 4, Corning
R.M. of Kingsley No. 124	Walter Pusch	Windthorst
R.M. of Chester No. 125	Peter Hozempa	Box 147, Glenavon
R.M. of Montmartre No. 126	Annette Perras	Box 311, Montmartre
R.M. of Francis No. 127	Bernard Schneider	Odessa
R.M. of Elcapo No. 154	Philip Hoffman	Box 377, Grenfell
R.M. of Wolseley No. 155	Robert Banbury	Box 586, Wolseley

District 5

Village of Fairlight	J.F. Cawood	Box 10, Fairlight
Town of Fleming	Catherine Dick	Box 62, Fleming
Village of Kennedy	Doreen Cancade	Box 2, Kennedy
Village of Maryfield	Ron Kullman	Maryfield
Town of Moosomin	Larry Rambold	Moosomin
Town of Rocanville	Moninna Dailly	Rocanville
Town of Wapella	Marie Martin	Wapella
Town of Wawota	Dan Van Dresar	Box 180, Wawota

Village of Welwyn	Terry Tilley	Welwyn
Town of Whitewood	Clarke Curtis	Whitewood
R.M. of Maryfield No. 91	Garry W. Chambers	Box 99, Fairlight
R.M. of Walpole No. 92	Elais Szmutko	Moosomin
R.M. of Wawken No. 93	John Gardner	Box 115 Kennedy
R.M. of Moosomin No. 121	Archie Frape	Moosomin
R.M. of Martin No. 122	Corinne Crawford	Box 778, Moosomin
R.M. of Silverwood No. 123	Larry MacDougall	Langbank
R.M. of Rocanville No. 151	Constance Kien	Box 626, Rocanville
R.M. of Willowdale No. 153	Geoff Bartlam	Box 605, Whitewood

REGINA RURAL HEALTH REGION OFFICES AND PERSONNEL - June, 1987

Main Office - Regina

T. C. Douglas Building
3475 Albert Street
Regina S4S 6X6

Phone: 787-3169

Regional Director and Medical Health Officer	Dr. C. L. Cunning	787-3171
Regional Nursing Supervisor	Malita Marshall	787-3178
Acting Public Health Inspector II	Greig Graham	787-3185
Public Health Nutritionist	Eunice Misskey	787-3174
Speech-Language Pathologists	* Donna Lennon Upshall	787-3172
	Bonnie Robertson	787-3176
Early Childhood Psychologist	Larry Mahovsky	787-3167
Public Health Nurses I	Sandra Craig	787-3175
	Sharon Garratt	787-3398
	** Sharon Gee	787-3180
	* Margaret Lockwood	787-3397
	** Carol Oxelgren	787-3397
	Candace Stefan	787-3396
Public Health Inspector I	Tim Macaulay	787-3186
Secretarial Staff	Mildred Harper Lee-Anne Peterson Merrill Williams	787-3169

Fort Qu'Appelle

P. O. Box 506
Fort Qu'Appelle S0G 1S0
Phone: 332-5668

Charlotte Miller, Public Health Nurse
** Lesley Brown, Public Health Nurse
Dwayne Djkowich, Public Health Inspector
Shirlie Gorman, Secretary

Grenfell

P. O. Box 663
Grenfell S0G 2B0
PhoneL 697-2822

Bernadette McPherson, Public Health Nurse

Indian Head

P. O. Box 1093
Indian Head S0G 2K0
Phone: 695-3615

Myrna Weisbrod, Public Health Nurse
Marie Leurer, Public Health Nurse

Kipling

P. O. Box 11
Kipling S0G 2S0
Phone: 736-2522

Betty Burton, Public Health Nurse
Edith Guilloux, Public Health Nurse

Moosomin

P. O. Box 538
Moosomin S0G 3N0
Phone: 435-3311

* Laurie Crossley, Public Health Nurse
Carol Adiar, Public Health Nurse
Paul Silvester, Public Health Inspector
Jill Shatford, Speech-Language Pathologist
Laurel Unger, Secretary

Strasbourg

P. O. Box 457
Strasbourg S0G 4V0
Phone: 725-3371

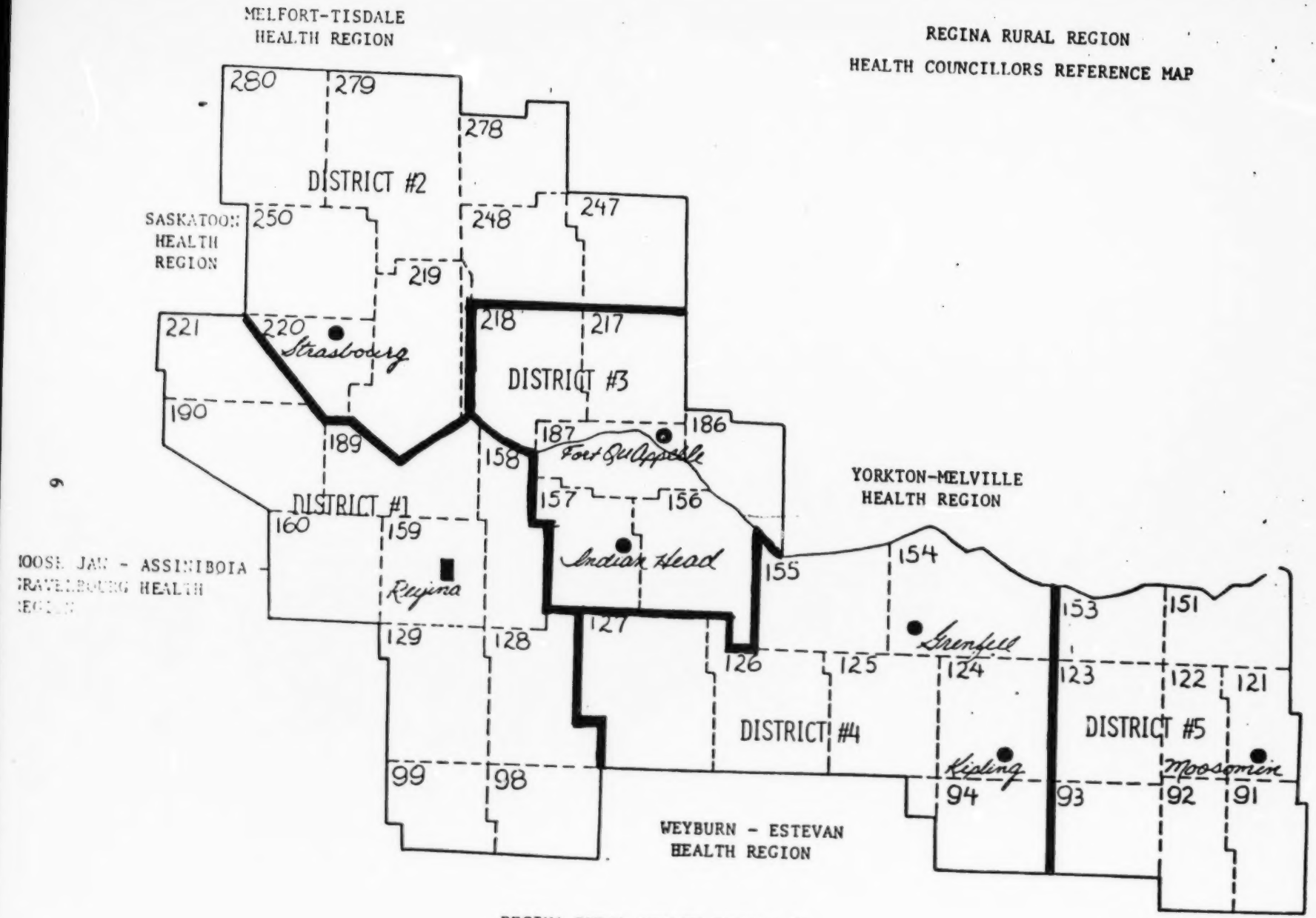
* Marilyn Craswell, Public Health Nurse
Lynn Linnen, Public Health Nurse
** Jill McGillivray, Public Health Nurse

Chiropody Clinic

6th Floor, London Life Place
1855 Victoria Avenue
Regina S4P 3T2
Phone: 787-3733

Dr. Brian Brodie, Chiropodist
Dr. Suresh Ram, Chiropodist
Maureen Grocott, Chiropody Assistant
Doreen McCrystal, Chiropody Assistant
Colleen Klein, Secretary

* Maternity leave
** Temporary appointment



REGINA RURAL HEALTH REGION #5

REPORT OF MEDICAL HEALTH OFFICER

I am pleased to report on our preventive health activities for 1986-87.

Personnel

We have been affected by the Early Retirement Program. Our Senior Public Health Inspector, Gordon Button (who also served Weyburn-Estevan Health Region), as well as our Public Health Inspector II, Alf Hrycyk, have retired, as has our Assistant Nursing Supervisor, Donna Ward. Two Public Health Nurses, Florence Hall and Jean Clark, both of whom had been on long-term sick leave with their positions filled by temporary appointments, have also taken early retirement. They are all dedicated and experienced people, and will be missed. One additional Regina PHN position is filled temporarily; this may become a shared position in the future.

We are pleased to have our Early Childhood Psychologist, Larry Mahovsky, back from extended sick leave. Our Regina speech-language pathology position is being shared by Bonnie Robertson and Donna Upshall. Mrs. Robertson transferred from Moose Jaw Health Region and Mrs. Upshall is presently on maternity leave.

Community Therapy

Community therapy is newly under our supervision. At present we have two part-time physiotherapists. Dana Best comes from Lanigan to Nokomis one day per month, and Barbara Naviaux comes from Redvers to Wawota three days per month. The goal is for two full-time therapists per region. Their function is to provide treatment, consultation, assessment, and education to patients or care givers of those with physical disabilities.

Communicable Disease

I have included a list of the numbers of notifiable communicable diseases reported from our health region in 1986.

Immunization remains a priority. When we have had cases of measles, the public health nurse checks the immunization status of the student's classmates - levels remain in the high 90% range. The measles incidence has been within the vaccine failure rate of approximately 5%.

There have been no new cases of rheumatic fever in our health region.

Rabies continues in wild animals with many concerns of possible human contact. Pet immunization on a municipal level would be a good project for the municipal health representatives to promote. This can be done

by the municipality contracting with the local veterinarian with the result that the cost per animal would be comparatively low. Because of the rabies concern, care is advised in handling any sick animals.

Tuberculosis continues at a fairly constant level and the public health nurses are involved in contact tracing and Mantoux testing. We did have one fatal case of meningococcal meningitis; this was an isolated incident with no others involved. Sporadic gastrointestinal cases occur, along with hepatitis, salmonella, shigella, and campylobacter - a constant reminder of the need for good food handling procedures as promoted by our public health inspectors in their food handlers' courses.

Sexually transmitted diseases continue to require tracing. Chlamydia is now a more common diagnosis than gonorrhea, partly because of new testing procedures. Because of less acute symptoms (and often lack of any symptoms) diagnosis and treatment is often not sought. Persistent infection may lead to pelvic inflammatory disease in women as well as epididymitis in men. Both contribute to morbidity and the possibility of sterility.

Vital Statistics

I have included selected figures showing all causes of death. Infant mortality rates remain favourable, an indication of high levels of prenatal and obstetric care as well as the benefits of judicious health promotion. Teen-age pregnancy rates, however, remain high, as you can see from the appended statistics. Better communication is needed to prepare our youth.

General

Our public health nurses have a pilot project where they present the Child Abuse, Research, and Education (CARE) kit to kindergarten classes to increase awareness of sexual abuse. We feel that this introduction to the subject with reinforcement in future years (as requested by parents of children who have taken the classes) will help increase knowledge, so that sexuality and related concerns and problems will be more openly and effectively discussed and dealt with.

Malignant tumours and ischemic heart disease continue as leading causes of death. A major factor in their causation is smoking, and much progress has been made in its moderation.

Accidents are also a significant cause of death, particularly among the young. Alcohol is often a factor here. Efforts must continue for its control.

We are pleased with the continuing practical results from the Minister's Ad Hoc Committee on Roles of Boards of Health. Our second fall inservice last November for municipal health representatives was a success. We will provide accommodation more conducive to group discussion this coming fall.

Using the list of local concerns that were priorized last fall, we are asking that you choose two items for local action. Some suggestions relating to your concerns have been provided and we would welcome any others that you care to bring forward for practical application. The health region staff will provide groundwork and you will be the local facilitator.

Once again, it has been a pleasure to work with our dedicated staff as well as you, the municipal health representatives, and your Board of Health.

Respectfully submitted,

Dr. C. L. Cunning
Regional Director and Medical Health Officer

CASES OF NOTIFIABLE COMMUNICABLE DISEASES REPORTED

REGINA RURAL HEALTH REGION - 1986

Hepatitis A	31
Hepatitis B	--
Hepatitis B Carrier	--
Measles - confirmed	6
- clinical	22
Mumps	--
Viral Meningitis	4
Rubella	3
Salmonellosis	14
Shigellosis	85
Giardiasis	10
Campylobacter Infections	21
Tuberculosis - respiratory	2
- other	--
Chlamydia Infection	28
Gonorrhea	36
Non-gonococcal Urethritis	9
Herpes	2
Syphilis - early	--
- other	--

NUMBER OF DEATHS BY CAUSE, AGE GROUP AND SEX
OCCURRING IN SASKATCHEWAN IN 1986
FOR HEALTH REGION # 5 REGINA RURAL

	TOTAL	ALL AGES		< 15		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES OF DEATH	568	342	226	9	3	10	1	11	5	50	30	94	42	168	145
03 OTHER BACTERIAL DISEASES	2	0	2	0	0	0	0	0	0	0	0	0	0	0	2
09 M N OF DIGESTIVE ORGANS,PERITONEUM	41	20	21	0	0	0	0	1	0	3	6	12	4	4	11
10 M N OF RESPIRATORY & RELATED ORGANS	41	30	11	0	0	0	0	0	1	5	4	11	4	14	2
11 M N OF BONE,SKIN,BREAST	11	3	8	0	0	0	0	2	1	0	3	0	1	1	3
12 M.N. OF GENITOURINARY ORGANS	21	15	6	0	0	0	0	0	0	2	1	8	2	5	3
13 M N OF OTHER & UNSPECIFIED SITES	15	9	6	1	0	0	0	0	0	2	2	1	2	5	2
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	8	6	2	0	0	0	0	0	0	2	0	2	0	2	2
18 ENDOCRINE & METABOLIC DISEASES	10	5	5	0	0	0	0	0	0	0	0	3	1	2	4
19 NUTRITIONAL DEFICIENCIES	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0
20 DIS OF BLOOD/FORMING ORGANS	3	1	2	0	1	0	0	0	0	1	0	0	0	0	1
21 MENTAL DISORDERS	3	2	1	0	0	0	0	0	0	1	0	1	0	0	1
22 DISEASES OF THE NERVOUS SYSTEM	7	3	4	0	0	1	0	0	0	0	0	1	0	1	4
26 HYPERTENSIVE DISEASE	4	1	3	0	0	0	0	0	0	0	0	0	1	1	2
27 ISCHAEMIC HEART DISEASE	157	105	52	0	0	0	0	2	0	21	4	34	13	48	35
28 PULMONARY & OTHER HEART DISEASE	37	19	18	0	0	0	0	0	0	3	0	2	1	14	17
29 CEREBROVASCULAR DISEASE	45	27	18	0	0	0	0	0	0	0	3	5	6	22	9
30 OTHER DISEASES OF CIRCULATORY SYSTEM	12	7	5	0	0	0	0	0	0	3	0	1	0	3	5
31 DISEASES OF UPPER RESPIRATORY TRACT	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1
32 OTHER DISEASES OF RESPIRATORY SYSTEM	71	41	30	1	0	0	0	1	0	1	0	10	5	28	25
34 OTHER PARTS OF DIGESTIVE SYSTEM	24	14	10	0	0	0	0	3	0	2	4	1	1	8	5
35 DISEASES OF URINARY SYSTEM	5	2	3	0	0	0	0	0	0	0	0	0	0	2	3
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	2	2	0	0	0	0	0	0	0	1	0	1	0	0	0
44 CONGENITAL ANOMALIES	4	2	2	2	1	0	1	0	0	0	0	0	0	0	0
45 CONDITIONS IN PERINATAL PERIOD	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0
46 SYMPTOMS & ILL-DEFINED CONDITIONS	2	0	2	0	0	0	0	0	0	0	0	0	0	0	2
E47 TRANSPORT ACCIDENTS	18	13	5	2	1	4	0	1	2	2	1	0	0	4	1
E48 ACCIDENTAL POISONING	3	1	2	0	0	1	0	0	0	0	1	0	0	0	1
E50 ACCIDENTAL FALLS	9	4	5	0	0	0	0	0	0	0	0	1	1	3	4
E52 OTHER ACCIDENTS,LATE EFFECTS	2	1	1	1	0	0	0	0	0	0	1	0	0	0	0
E54 SUICIDE AND SELF-INFLICTED INJURY	5	4	1	0	0	3	0	0	1	1	0	0	0	0	0
E55 HOMICIDE & INTENTIONAL INJURY	2	2	0	0	0	1	0	1	0	0	0	0	0	0	0

TOTAL NUMBER OF VITAL EVENTS OCCURRING IN SASKATCHEWAN IN 1986
BY HEALTH REGION

HEALTH REGION	BIRTHS	DEATHS	INFANT DEATHS	NEONATAL DEATHS	PERINATAL DEATHS	STILL BIRTHS	INFANT DEATH RATE	PERINATAL DEATH RATE
TOTAL FOR PROVINCE	17507	8012	154	95	145	69	8.80	8.25
# 1 SWIFT CURRENT	619	410	11	8	8	3	17.77	12.86
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	1051	659	11	6	8	2	10.47	7.60
# 3 WEYBURN-ESTEVAN	811	440	6	4	6	3	7.40	7.37
# 5 REGINA RURAL	946	568	7	5	8	4	7.40	8.42
# 7 ROSETOWN-BIGGAR-KINDERSLEY	784	364	7	6	6	1	8.93	7.64
# 8 SASKATOON RURAL	760	297	6	4	7	4	7.89	9.16
#10 YORKTON-MELVILLE	1038	850	7	4	10	6	6.74	9.58
#11 MELFORT-TISDALE	1047	632	10	4	7	5	9.55	6.65
#12 PRINCE ALBERT	1259	658	8	7	9	3	6.35	7.13
#13 NORTH BATTLEFORD	1557	658	11	7	11	5	7.06	7.04
CITY OF REGINA	3168	1128	37	20	30	13	11.68	9.43
CITY OF SASKATOON	3344	1106	19	14	24	13	5.68	7.15
NORTHERN SASKATCHEWAN	749	116	10	3	6	4	13.35	7.97
OUT OF PROVINCE	374	126	4	3	5	3	10.70	13.26

NUMBER OF DEATHS BY CAUSE
OCCURRING IN SASKATCHEWAN IN 1986

CAUSE OF DEATH	DEATHS	PERCENT OF DEATHS	CRUDE RATE
ALL CAUSES OF DEATH	8007	100.0	800.5
02 TUBERCULOSIS	7	0.1	0.7
03 OTHER BACTERIAL DISEASES	18	0.2	1.8
04 VIRAL DISEASES	5	0.1	0.5
07 OTHER INFECTIOUS,PARASITIC DISEASES	8	0.1	0.8
08 M N OF LIP,ORAL CAVITY,PHARYNX	32	0.4	3.2
09 M N OF DIGESTIVE ORGANS,PERITONEUM	520	6.5	52.0
10 M N OF RESPIRATORY & RELATED ORGANS	448	5.6	44.8
11 M N OF BONE,SKIN,BREAST	188	2.3	18.8
12 M.N. OF GENITOURINARY ORGANS	339	4.2	33.9
13 M N OF OTHER & UNSPECIFIED SITES	176	2.2	17.6
14 M N OF LYMPH & HAEMOPOIETIC TISSUE	168	2.1	16.8
15 BENIGN NEOPLASM	6	0.1	0.6
17 OTHER & UNSPECIFIED NEOPLASM	18	0.2	1.8
18 ENDOCRINE & METABOLIC DISEASES	187	2.3	18.7
19 NUTRITIONAL DEFICIENCIES	7	0.1	0.7
20 DIS OF BLOOD/FORMING ORGANS	43	0.5	4.3
21 MENTAL DISORDERS	88	1.1	8.8
22 DISEASES OF THE NERVOUS SYSTEM	159	2.0	15.9
25 RHEUMATIC FEVER/HEART DISEASE	28	0.3	2.8
26 HYPERTENSIVE DISEASE	53	0.7	5.3
27 ISCHAEMIC HEART DISEASE	1966	24.6	196.6
28 PULMONARY & OTHER HEART DISEASE	480	6.0	48.0
29 CEREBROVASCULAR DISEASE	629	7.9	62.9
30 OTHER DISEASES OF CIRCULATORY SYSTEM	268	3.3	26.8
31 DISEASES OF UPPER RESPIRATORY TRACT	5	0.1	0.5
32 OTHER DISEASES OF RESPIRATORY SYSTEM	815	10.2	81.5
34 OTHER PARTS OF DIGESTIVE SYSTEM	323	4.0	32.3
35 DISEASES OF URINARY SYSTEM	100	1.2	10.0
36 DISEASES OF MALE GENITAL ORGANS	9	0.1	0.9
37 DISEASES OF FEMALE GENITAL ORGANS	2	0.0	0.2
39 DIRECT OBSTETRIC CAUSES	1	0.0	0.1
42 DISEASES OF SKIN	1	0.0	0.1
43 MUSCULOSKELETAL & CONNECTIVE TISSUE	41	0.5	4.1
44 CONGENITAL ANOMALIES	61	0.8	6.1
45 CONDITIONS IN PERINATAL PERIOD	65	0.8	6.5
46 SYMPTOMS & ILL-DEFINED CONDITIONS	68	0.8	6.8
E47 TRANSPORT ACCIDENTS	267	3.3	26.7
E48 ACCIDENTAL POISONING	26	0.3	2.6
E49 MISADVENTURES DURING MEDICAL CARE	4	0.0	0.4
E50 ACCIDENTAL FALLS	94	1.2	9.4
E51 ACCIDENTS CAUSED BY FIRES & FLAMES	17	0.2	1.7
E52 OTHER ACCIDENTS,LATE EFFECTS	94	1.2	9.4
E53 EFFECTS OF DRUGS AND MEDICAITON	1	0.0	0.1
E54 SUICIDE AND SELF-INFLICTED INJURY	139	1.7	13.9
E55 HOMICIDE & INTENTIONAL INJURY	21	0.3	2.1
E56 OTHER VIOLENCE	12	0.1	1.2

NUMBER OF BIRTHS OCCURRING IN SASKATCHEWAN IN 1986
BY MOTHER'S AGE, MARITAL STATUS AND HEALTH REGION

		TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+
TOTAL FOR PROVINCE	TOTAL	17507	19	1781	5497	6347	3053	732	73	4
	MARRIED	13505		360	3935	5678	2810	658	62	2
	OTHER	4002	19	1421	1562	669	243	74	11	2
# 1 SWIFT CURRENT	TOTAL	619		25	188	260	122	22	2	
	MARRIED	566		13	163	249	119	20	2	
	OTHER	53		12	25	11	3	2		
# 2 MOOSE JAW-ASSINIBOIA-GRAVELBOURG	TOTAL	1051	1	92	356	389	170	39	4	
	MARRIED	883		29	290	361	163	37	3	
	OTHER	168	1	63	66	28	7	2	1	
# 3 WEYBURN-ESTEVAN	TOTAL	811		73	286	305	118	25	4	
	MARRIED	688		24	233	289	113	25	4	
	OTHER	123		49	53	16	5			
# 5 REGINA RURAL	TOTAL	946		95	305	321	183	38	4	
	MARRIED	751		18	229	296	170	36	2	
	OTHER	195		77	76	25	13	2	2	
# 7 ROSETOWN-BIGGAR-KINDERSLEY	TOTAL	784	1	52	250	299	149	27	6	
	MARRIED	682		15	211	285	142	23	6	
	OTHER	102	1	37	39	14	7	4		
# 8 SASKATOON RURAL	TOTAL	760		30	216	310	162	37	4	1
	MARRIED	699		11	197	296	155	36	3	1
	OTHER	61		19	19	14	7	1	1	
#10 YORKTON-MELVILLE	TOTAL	1038		96	335	393	164	45	5	
	MARRIED	854		29	261	362	156	41	5	
	OTHER	184		67	74	31	8	4		
#11 MELFORT-TISDALE	TOTAL	1047	1	108	377	357	167	30	7	
	MARRIED	877		38	310	335	160	28	6	
	OTHER	170	1	70	67	22	7	2	1	
#12 PRINCE ALBERT	TOTAL	1259	4	168	394	449	183	57	4	
	MARRIED	864		38	243	369	163	48	3	
	OTHER	395	4	130	151	80	20	9	1	
#13 NORTH BATTLEFORD	TOTAL	1557	5	229	560	517	176	65	5	
	MARRIED	1037		33	367	429	151	54	3	
	OTHER	520	5	196	193	88	25	11	2	
CITY OF REGINA	TOTAL	3168	1	323	899	1164	612	155	13	1
	MARRIED	2359		40	592	1025	558	133	11	
	OTHER	809	1	283	307	139	54	22	2	1
CITY OF SASKATOON	TOTAL	3344	3	259	919	1291	703	154	14	1
	MARRIED	2621		38	629	1156	640	144	13	1
	OTHER	723	3	221	290	135	63	10	1	
NORTHERN SASKATCHEWAN	TOTAL	749	3	197	282	160	78	27	1	1
	MARRIED	319		25	108	102	61	22	1	
	OTHER	430	3	172	174	58	17	5		1

REPORT OF REGIONAL NURSING SUPERVISOR 1986-87

Public health nursing is the application of nursing functions to a community setting. Public health nurses combine their knowledge of community health practices, nursing process, health education, and resources to assist families in maintaining a high level of mental and physical well being.

During the past year, programs have been revised, added, and implemented.

Personnel

At the present time, there are three nurses on maternity leave, and two on definite leave of absence. Two maternity leave positions are covered by temporary appointments; one remains vacant.

Significant Problems

Screening for pediculosis and scabies in schools continues to present a problem. Many hours of nursing time is spent screening for pediculosis. Some cases of infectious hepatitis were also reported. Tuberculosis follow-up and Mantoux testing were carried out by some nurses.

Progress and Accomplishments

Classes for expectant parents continue to be an important component of the nurse's teaching role; this is reflected in a slight increase in the number of classes offered during the past year. The Prenatal Health Education Manual was completed and inservice education held with the nursing staff. Full implementation of the prenatal program took place in January, 1987.

CPR demonstration and practice leading to certification of skills for all interested health region staff was conducted by two of the nurses who are trained instructors.

The Medical Health Officer and Regional Nursing Supervisor continue to visit family physicians, hospital administrators, and directors of nursing in the health region.

The Community Health Services Branch Strategic Planning Committee struck by Mr. Stan Malach, Executive Director, included one public health nurse from this health region.

Saskatchewan Aids to Independent Living (SAIL) guidelines have been implemented to help overcome some of the difficulties with respiratory equipment (oxygen and nebulizer packs) which the nurses are encountering.

Child Health Conferences

The seven elements of the preschool core program were fully implemented. Child health conference appointments were lengthened to 30 minutes. A survey of utilization of CHCs was carried out to ensure that appropriate time was allowed to meet the added requirements of expanded screening. This health region was one of two which piloted the new provincial CHC tally sheets for use by public health nurses.

The vision screening for children four years of age and the communication screening for children three years of age were evaluated. The results should be available for review.

Communicable Disease

Tuberculosis contact tracing and Mantoux testing became part of the public health nurse's role. An inservice was conducted for the staff by Dr. V. Hoeppner, Director of T.B. Control, and Mrs. Jean Graham, R.N., Nurse Coordinator for the T.B. Clinic in Saskatoon.

Presentations in Schools

The Child Abuse, Research, and Education (CARE) kit was introduced into kindergarten classes of two schools, Francis and Fort Qu'Appelle. This is an educational kit for use by trained leaders in schools, churches, or parent groups, and is suitable for use with preschool and primary grade children. CARE Productions was formed by a group of concerned parents and educators to help deal with problems of child abuse.

The nurses have also been involved in a series of presentations to students in both elementary and high schools. Talks to elementary students were usually preceded by a parents' evening.

Student Experiences

Regina Rural Region continues to provide observational experiences for students from the Diploma School of Nursing at Wascana Institute of Applied Arts and Sciences.

Summary

This past year has been more productive and positive, although we have seen many changes in programs. The nurses should be commended on their willingness, and their adaptability to change and time pressures.

On behalf of the nursing staff, I would like to extend my appreciation to the Regional Board of Health, to Dr. Cunning, and all regional staff who have been part of the team.

Respectfully submitted,

Malita Marshall
Regional Nursing Supervisor

NURSING STAFF April 1, 1986 - March 31, 1987

Fort Qu'Appelle Office	Lesley Brown - temporary position Florence Hall - indefinite leave Charlotte Miller
Grenfell Office	Bernadette McPherson
Indian Head Office	Marie Leurer Myrna Weisbrod
Kipling Office	Betty Burton Edith Guilloux
Moosomin Office	Carol Adair Laurie Crossley - maternity leave
Strasbourg Office	Marilyn Craswell - maternity leave Lynn Linnen Jill McGillivray - employed November, 1986 - temporary position
Regina Office	Jean Clark - definite leave of absence Sandra Craig Sharon Garratt Sharon Gee - employed June, 1986 - temporary position Margaret Lockwood - maternity leave Carol Oxelgren - employed September, 1986 - temporary position Candace Stefan Donna Ward, Public Health Nurse II Malita Marshall, Regional Nursing Supervisor

SELECTED NURSING STATISTICS April 1, 1986 - March 31, 1987

	1984-85	1985-86	1986-87
Population of Health Region	64,768	64,578	64,025
Nursing Days	2,799	2,855	3,098.5
Total Home Visits Made	3,904	3,522	3,612
Prenatal Services			
Home Visits	359	273	298
Classes Held	101	108	115
Aggregate Attendance - mothers	795	722	685
- fathers	660	707	571
Births - total	757	1,029	958
Postnatal Services			
Home Visits	675	666	649
Other Interviews/Contacts	300	112	150
Infant Services (0-12 months)			
Home Visits	826	843	864
Other Interviews/Contacts	140	140	348
Child Health Conference Attendance	7,834	7,923	9,980
Preschool Services (13 months to school entrance)			
Home Visits or Other Contacts	610	583	545

	1984-85	1985-86	1986-87
School Services			
Total Enrollment	13,776	13,832	13,866
Students Seen for Counselling	5,351	4,590	7,079
Rapid Inspection	--	--	4,136
Teacher/Nurse Conferences	878	958	448
Health Education Presentations	37	57	59
Student Attendance	591	1,428	1,048
Miscellaneous Home Visits			
Adults (under 65) - Home Visits or Contacts	979	831	630
Adults (over 65) - Home Visits or Contacts	1,428	1,160	987
Mentally Ill	14	6	11
Mentally Handicapped	34	18	19
Communicable Disease Follow-up			
- Sexually Transmitted Disease	9	2	1
- Infectious Hepatitis	31	56	33
- Rheumatic Fever Follow-up	22	23	14
S.A.I.L. - Home Visits	484	475	717
- Other Contacts	65	114	234
Official Visits - Total	1,218	1,383	2,682
Group Education	20	35	32

Immunization Statistics - Total Number Given

	1984-85	1985-86	1986-87
Infants (0 - 12 months)			
Diphtheria/Pertussis/Tetanus	2,462	2,426	2,119
Oral Polio Vaccine	2,442	2,459	2,183
Diphtheria/Tetanus	6	38	43
Preschool (13 months - 5 years)			
Diphtheria/Tetanus/Pertussis	2,067	2,252	2,108
Oral Polio Vaccine	2,063	2,291	2,220
Measles/Mumps/Rubella	946	914	789
Diphtheria/Tetanus	21	46	81
School			
Diphtheria/Tetanus	1,077	1,017	2,015
Oral Polio Vaccine	1,098	1,014	2,005
Measles/Mumps/Rubella	330	405	415
Mumps	4	31	2
Rubella	95	88	34
Rubeola (Measles)	--	22	--
Adult			
Cholera	38	12	13
Typhoid	19	8	16
Other (Td, OPV, Diphtheria)	21	18	49
Immune Serum Globulin	84	89	47

PUBLIC HEALTH INSPECTION REPORT

During the past year our inspectorate staff remained the same, except for one position which saw Lisa Wasylenka leave the province for employment in Stratford, Ontario, to be replaced by Tim Macaulay from the Moose Jaw Health Region.

The program of twinning our Senior Public Health Inspection position with Weyburn-Estevan Health Region is still in effect resulting in a considerable extra load for Alf Hrycyk, Public Health Inspector II, who must fill in for me about 60% of the time.

During the past year we have had a number of cases of giardiasis reported from the eastern portion of our health region. Localized outbreaks occur from contaminated water supplies, by ingestion of cysts in faecally contaminated water, and (less often), from faecally contaminated food.

During the past summer (1986) a student was employed for two months to conduct a survey of cottage areas to determine the number of cottages equipped with sewer and water systems, their source of water supply, and type of sewage disposal. The data has been compiled but, to date, no indication has been received as to how the informaton will be used.

During the past year our staff have conducted very successful food service and swimming pool operators' seminars throughout the region. Training personnel in safe food handling procedures and effective swimming pool operation is a very important aspect of our work in preventing food borne illness and ensuring safe, clean water in which our children may swim. I would urge health representatives or organizations interested in learning more about this to get in touch with the Regina office or your district public health inspector.

To further promote the education of food service personnel, a new series of six video tapes entitled "Think Clean" have been made available for distribution by public health inspectors to nursing homes and hospitals. The "Think Clean" program is designed to train food service personnel through a series of modules depicting good practices to be followed by food service employees.

Many problems were encountered with the management over the operation of a water slide at Kenosee Lake. When the slide first opened, management was advised of the potential risk of patrons overshooting the slide and falling on the ground. It was only after an accident occurred that management finally took corrective action.

Over the past year our staff has been taxed to the limit to keep abreast of demand imposed by requests for approval of new subdivisions, septic tank installations, approval of new building plans, and regular inspection services to restaurants, hotels, motels, food stores, swimming pools, etc.

On May 31, 1987, through the Early Retirement Program, Mr. Alf Hrycyk and I will terminate our employment with the region, leaving your present staff with an even greater demand for their services.

Alf and I would like to take this opportunity to thank the residents of this region for the support and co-operation given over the years. Without this, the strides made in preventive health care programs could not have been achieved.

May our contributions be likened to a candle - a sort of splendid torch which we have held for the moment and, hopefully, have made it burn as brightly as possible before handing it on to future generations to glow even brighter.

Respectfully submitted,

G. W. Button, Senior Public Health Inspector

Alf Hrycyk, Public Health Inspector II

PUBLIC HEALTH INSPECTION STAFF AND AREAS SERVED

as of June, 1987

Greig Graham, Acting Public Health Inspector II

Regina: 787-3185

R.M. of South Qu'Appelle No. 157
R.M. of Edenwold No. 158
R.M. of Sherwood No. 159
R.M. of Pense No. 160
R.M. of Longlaketon No. 219
R.M. of McKillop No. 220
R.M. of Last Mountain Valley No. 250
R.M. of Mount Hope No. 279
R.M. of Wreford No. 280

Tim Macaulay, Public Health Inspector I

Regina: 787-3186

R.M. of Scott No. 98
R.M. of Caledonia No. 99
R.M. of Montmartre No. 126
R.M. of Francis No. 127
R.M. of Lajord No. 128
R.M. of Bratt's Lake No. 129
R.M. of Lumsden No. 189
R.M. of Dufferin No. 190
R.M. of Sarnia No. 221

Paul Silvester, Public Health Inspector I

Moosomin: 435-3311

R.M. of Maryfield No. 91
R.M. of Walpole No. 92
R.M. of Wawken No. 93
R.M. of Hazelwood No. 94
R.M. of Moosomin No. 121
R.M. of Martin No. 122
R.M. of Wolseley No. 155
R.M. of Silverwood No. 123
R.M. of Kingsley No. 124
R.M. of Chester No. 125
R.M. of Rocanville No. 151
R.M. of Willowdale No. 153
R.M. of Elcapo No. 154

Dwayne Djkowich, Public Health Inspector I

Fort Qu'Appelle: 332-5668

R.M. of Indian Head No. 156
R.M. of Abernethy No. 186
R.M. of North Qu'Appelle No. 187
R.M. of Lipton No. 217
R.M. of Cupar No. 218
R.M. of Kellross No. 247
R.M. of Touchwood No. 248
R.M. of Kutawa No. 278

NUTRITION REPORT - REGINA RURAL AND WEYBURN-ESTEVAN HEALTH REGIONS

The public health nutritionist continues to be responsible for both the Regina Rural and Weyburn-Estevan Health Regions. As part of the preventive health team she works with all age groups from expectant parents to seniors.

To meet the many and varied needs of the people she serves, the public health nutritionist:

(1) conducts educational and promotional programs via group work and media activites;

(2) provides professional consultation and inservice training;

(3) provides dietary assessment and counselling;

(4) plans and develops programs/resources for professional and public use; and

(5) conducts research.

Major focus and accomplishments for 1986-87 are highlighted below.

1. Nutrition assessment is an important component of the newly implemented Passport to Health program for preschoolers. It has resulted in a significant increase in the number of individual cases referred by nurses and counselled by the nutritionist.

2. The Passport to Health program also resulted in the need to more clearly identify criteria for nutrition referral, assessment, management and follow-up of children with atypical growth patterns. The nutritionist initiated work as part of a provincial committee to establish such criteria.

3. The new prenatal manual for nurses resulted in the need for additional nutrition teaching aids to be used in prenatal classes. The nutritionist participated in a workshop to develop a new tool which was pilot tested this year and which could be used in prenatal classes. She also developed, as part of a provincial committee, a set of prenatal nutrition overheads which were provided to nurses in all health regions.

4. New federal guidelines on infant feeding and a newly revised provincial infant feeding manual were released this year. As a result, the nutritionist conducted an extensive inservice on infant feeding for public health nurses in both health regions. There is also a need to provide inservice to hospital and medical staff in order that expectant parents receive more consistent messages about infant feeding practices from health professionals.

5. The Good Eating Today title for the weekly nutrition newspaper column, selected by municipal health representatives last year, was well received by our editors. The pick-up rate on the nutrition column has been very good in both health regions and has helped to increase public awareness of the reliable local source of nutrition information and services available to them in their communities.

6. Other media and promotional work included writing and broadcasting radio spots over a two-month period for CJSL and CFSL as well as conducting radio and newspaper interviews on request. Several nutrition displays were presented this year. The display set up in the Weyburn Square to celebrate nutrition month attracted over 100 individuals requesting more information or advice and received excellent press coverage in the Weyburn Review.

7. A workshop was again provided to dietetic interns as part of their training at the Regina General Hospital. In addition, one- and two-week public health experiences were provided for two dietetic interns.

8. The increasing demand for nutrition information and services continued to result in providing professional consultation and resources to about 900 individuals, agencies, and special groups.

9. Group education was provided to 28 groups in 18 communities in the two health regions. Another 24 group sessions were declined due to conflicts in scheduling, work load, or program priorities.

10. The nutritionist was invited to participate in a strategic planning workshop conducted by the Community Health Services Branch, as well as a Long Term Care Consultation Workshop hosted by the Minister of Health. She also served on the national conference core planning committee for The Canadian Dietetic Association and served as chairman of the research sessions for the conference which attracted over 400 delegates to Regina in June, 1986.

A special thank you is extended to community members and municipal health representatives for their interest and input and to the health staff in the two regions for their continued co-operation and support.

Respectfully submitted,

Eunice Misskey
Public Health Nutritionist

NUTRITION STATISTICS

SERVICES	1985-86	1986-87
Nutrition Education		
Number of groups	18	28
Attendance	385	684
Orientation		
Number of sessions	12	11
Attendance	18	12
Media and Nutrition Promotion		
Press Releases		
Number researched and written	7	12
Number sent to papers	52	52
Radio Spots		
Number written	19	21
Number taped for broadcast	18	24
Radio/Newspaper Interviews		3
Displays		11
Professional Consultation/Technical Support	1,060	888
Dietary Assessment/Counselling		
New referrals (counselled)	14	42
Consultations		58

SPECIAL PROJECTS

1. Development of a set of prenatal overheads for use provincially in prenatal classes.

2. Project initiated to develop more definite criteria for preschool core nutrition program.

SPEECH-LANGUAGE PATHOLOGY REPORT

Regina Rural Health Region employs two speech-language pathologists (S-LP). One position services the area surrounding Regina, and clinics are conducted there as well as in Fort Qu'Appelle, Strasbourg, and Southey. The other S-LP works out of the Moosomin Public Health Office. Additional clinics are held in Grenfell, Kipling, and Indian Head. Service is provided to communicatively handicapped preschoolers and adults.

There are many different types of communication problems which are classified under four categories. Problems may include difficulty with: (1) speech/sound usage (articulation), (2) comprehension and/or expression of thoughts and ideas (language), (3) fluency of speech, and (4) voice quality. These four types of problems may occur alone or in combination and may be quite mild or severe. The severity of the problem is one factor which helps determine the type and frequency of service. Delivery of service takes on a variety of formats including direct one-to-one therapy, or home programming via training primary care givers such as parents, spouses, and preschool teachers.

Statistics of the speech-language pathology services provided by the Regina Rural Health Region are summarized on the following page. A summary of the 1986-87 year activities is provided below.

As Community Health is an advocate of early intervention, one component of our program has been the sharing of information regarding speech/language development and stimulation with primary language teachers, that is, parents and preschool teachers. A number of presentations were given this year including the following groupings.

1. Parents - postnatal classes and parenting classes
2. Community therapists - Regina Infant Stimulation Program (RISP)
   Early Childhood Intervention Program (ECIP)
3. Parents and teachers - Special Education classrooms and
   Developmental Centres

The speech-language pathologists attended the following professional inservices.

1. Evaluation and Treatment of Swallowing Disorders - D. L. Upshall
2. Pediatric Traumatic Head Injury/The Long Term Approach - J. Shatford

In April, Donna Upshall began a six-month maternity leave. Bonnie Robertson transferred from Moose Jaw Health Region to Regina Rural on May 19, 1987 to cover the position during Donna's absence. Bonnie and Donna will be job sharing the Regina position as of November, 1987.

Kelly Richter officially became the Director of the Speech-Language Pathology program in September, 1986. She has been busy conducting an S-LP program review, and was also actively involved in recruiting.

The past year proved to be a demanding but ever enjoyable challenge. We look forward to next year and continued work with our allied disciplines in the health region.

Respectfully submitted,

Jill G. Shatford
Speech-Language Pathologist

Donna Lennon Upshall
Speech-Language Pathologist

SPEECH-LANGUAGE STATISTICS

Beginning Caseload (April 1, 1986)			160
Number Referred:	Preschool	202	
	School Age	--	
	Adult	13	215
Number Discharged:	Preschool	210	
	School Age	2	
	Adult	16	(228)
Ending Caseload (March 31, 1987)			147

CLIENTS REFERRED AND DISCHARGED

	1985-86	1986-87	
Number Referred	190	215	13.2% increase
Number Discharged	166	228	37.3& increase

A recent province-wide statistical review conducted by our S-LP Director, Kelly Richter, indicated the following time allocations per job duty:

Casework	64.4%	Administration	13.0%
Public Education	3.6%	Travel	12.2%
Professional Development	6.8%		
		Total	100.0%

EARLY CHILDHOOD PSYCHOLOGY REPORT

The Early Childhood Psychology program serves all children from birth to school entrance age. We provide behavioural and developmental assessments, parental counselling, and consultative services to those children and families referred by Community Health Services Branch workers, family physicians, and other professional workers and agencies.

Currently, there are eight Early Childhood Psychologists (ECP) in the province. The following is a listing of their names and the region(s) they serve.

Dr. R. Hertzog: Moose Jaw-Assiniboia-Gravelbourg
W. Wallace: Swift Current
C. Barr: Saskatoon Rural and Rosetown-Biggar-Kindersley
T. Kinzel: North Battleford
R. Wong: Prince Albert and some northern locations
R. Bonli: Melfort-Tisdale
Dr. D. Parker-Loewen: Yorkton-Melville
L. Mahovsky: Regina Rural and Weyburn-Estevan

I saw 190 clients between the two health regions I serve up to the end of October. I was on extended sick leave during November, December, and January. I resumed work in February, suffered a relapse and was off work during March, returning to work again in early April. Prior to my illness I travelled extensively to see clients, preferring to see them at the nearest district health office or in their homes. I started seeing clients again on May 1st and have been holding most of my clinics in Regina, Weyburn, and, occasionally, Fort Qu'Appelle. I hold clinics in Weyburn on the second and fourth Thursday of the month and in Fort Qy'Appelle on the last Friday of the month. At the time of writing this report, my active caseload is 27 - 9 from Weyburn-Estevan and 18 from Regina Rural. These figures do not include children I monitor and assess who are on Early Childhood Intervention Programs in Weyburn, Redvers, and Regina.

1987-88 has been and will be characterized by changes in the Regina Rural ECP program. Firstly, I will not be making home visits except in exceptional circumstances. Secondly, the majority of my clients will be seen in Regina and in district offices that are closest to Regina. Thirdly, I will be conducting casework only (work done directly with a clinet or family) in the Weyburn-Estevan Region.

As the year progresses, I hope to provide complete ECP services to all areas of the Regina Rural Health Region.

Respectfully submitted,

Larry D. Mahovsky
Early Childhood Psychologist

REPORT OF CHIROPODISTS

Such has been the demand for chiropody treatment that in less than two and a half years after its official opening, the chiropody clinic in Regina and its satellites at Wolseley and Moosomin have reached their full capacity.

During the year, Wolseley and Moosomin have been provided with a chiropody service two days monthly, except for September at Moosomin. The satellite clinics provide a first aid centre for chiropodial problems so that uncomplicated conditions can be treated in the area served by the satellite clinics and journeys to Regina can be avoided. However, the vast majority of treatments are given at the Regina Clinic.

Two chiropodists are attempting to provide for the chiropodial needs of a combined population of 239,243 people (Regina City - 165,952 and Regina Rural 73,921). Regina Rural has the highest chiropodist/population ratio in the province of 1 chiropodist: 119,000 population. The overall provincial ratio is 1 chiropodist: 81,000 population with the lowest chiropodist/population ratios in Rosetown-Biggar-Kindersley (1:41,000) and Swift Current Region (1:48,500).

Levels of Provision

The number of current patients as at April 1, 1987 is:

Clinic	
Regina	1,745
Moosomin	147
Wolseley	146
	2,038

The number of treatments given at each clinic during the year is shown below:

Clinic	Number of Patient Treatments
Regina	6,379
Moosomin	400
Wolseley	459
	7,238

Patients are categorized by the referring family doctor, public health nurse or home care co-ordinator. The profile of patient treatments is as follows.

Category	%
1. Elderly - Medically at Risk	37.9
2. General Population - Medically at Risk	16.3
3. Elderly - Well	22.2
4. General Population - Well	23.6
	100.0

Orthotic devices are prescribed by the chiropodists for the treatment of underlying biomechanical problems. These necessitate casting the feet in plaster of paris in order to send an impression to an orthotic laboratory in British Columbia. During the year, 91 pairs of orthotics were prescribed and provided by the chiropody program to patients in the region.

An objective of the program last year was to make presentations at all the nursing homes in the region for the nursing staff to assist their care of the residents' feet and to provide information about the chiropody program. Other presentations were given to interested bodies, including nursing and medical groups. In all, 25 presentations were given by the two chiropodists and their assistants.

The chiropodists' time can be broken into the following categories of activity:

	%
Casework	75
Administration and Educational Activities	19
Travel	6

On March 31, 1987, there were 728 people waiting for treatment. Referrals are arriving in excess of 70 per month and it is clear that such numbers can not be accommodated.

Developments During the Year

1. Changes in Staff

Pat Dobranski, Dr. Ram's assistant, resigned on August 15 and the position was vacant for three months. She was replaced by Doreen McCrystal, who took up her post on November 17. We are particularly grateful to Maureen Grocott, Dr. Brodie's assistant, and Colleen Klein, our part-time receptionist, for their unstinting service during this trying period.

2. Policy Changes

In April, the Director of the Chiropody Program informed us that patients on the waiting list classified by referral as Category 1 or 2 were to be given priority irrespective of the period of waiting. This in effect means that most patients classified as 3 or 4 now face an indefinite waiting period. Already potential patients affected by this decision have been making their displeasure known to the chiropody staff and to their representatives.

A second policy change was the establishment of a nail-cutting service in some seniors' apartment blocks in Regina. A VON nurse spends a period of time on a regular basis giving nail care to the residents of that block and any other seniors in the surrounding vicinity who could attend that particular apartment block. The effect of this service has been that many of the patients who required simple nail care no longer attend the chiropody clinic and consequently, since their place has been filled by patients with more challenging conditions, the overall level of treatment complexity in the clinic has increased.

A further policy change is that patients who have not made an appointment for one year are discharged and the referring agency informed. If further treatment is required, then the now ex-patient should seek a new referral. This policy ensures that the number of patients listed as current does reflect accurately the true number.

Concerns

1. Waiting List

This is the biggest concern, since the waiting list inevitably continues to grow. Little can be achieved in reducing this until more staff are appointed.

2. Patient Treatment Categories

With the level of patient treatment complexity rising, we really need our part-time receptionist to be made full time, since at present, on average half the week the reception duties have to be undertaken by a chiropody assistant. This means that she cannot fulfill the function for which she was appointed, i.e. to provide chairside assistance to the chiropodist. The policy change giving complete precedence to patients classified as category 1 and 2 has resulted in the service in Regina Rural becoming more and more a "chronic" one which in itself tends to prevent new patient uptake because of diminished opportunity to discharge. When compared with the overall percentage of treatments provided for patients classified 1, 2, 3 and 4 for the whole province. Regina Rural's patient treatment loading is very different.

	Saskatchewan Chiropody Program %
1. Elderly - Medically at Risk	28.7
2. General Population - Medically at Risk	8.3
3. Elderly - Well	26.8
4. General Population - Well	35.2

3. Equipment

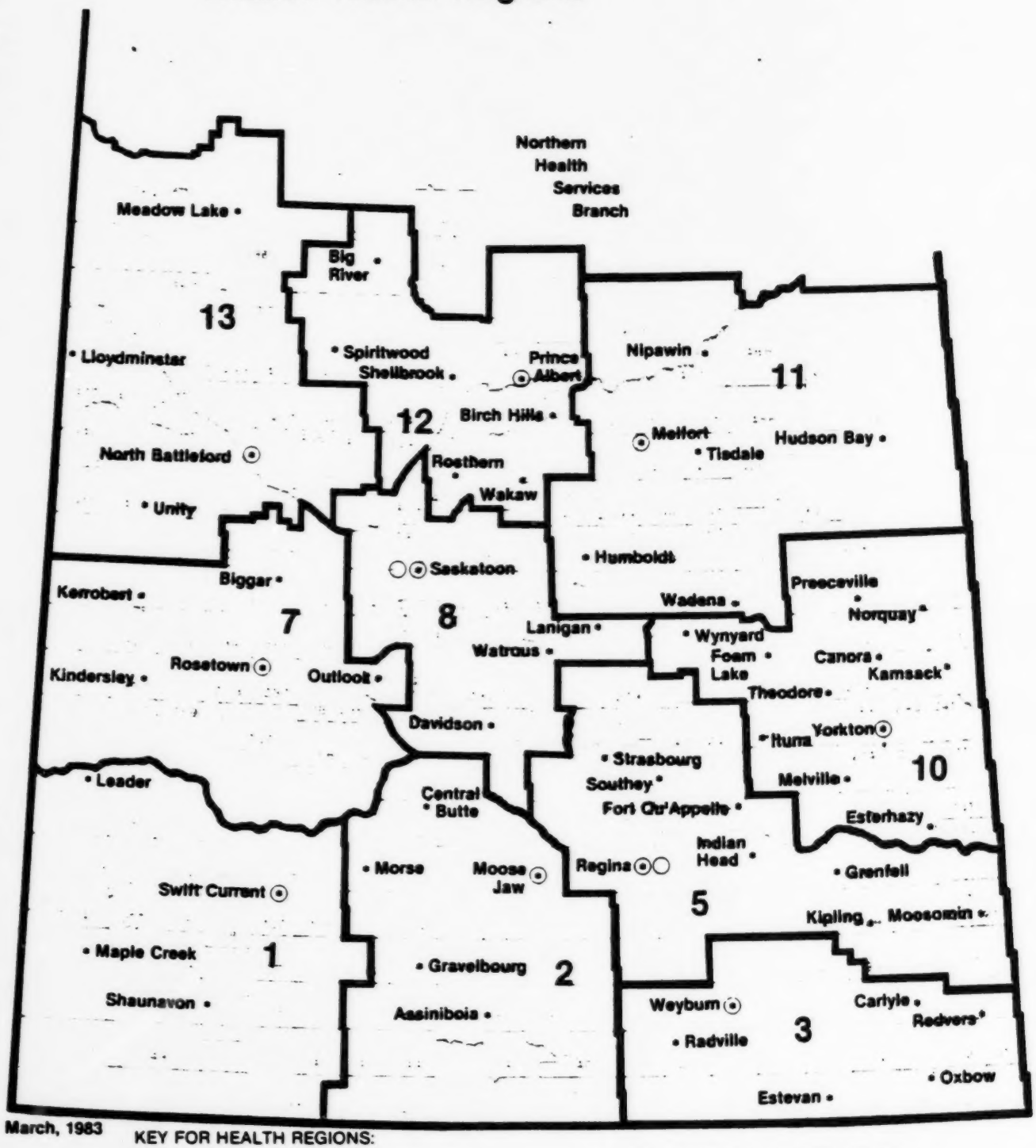
Some major equipment, itself left over from the previous program in the 1970's is beginning to show signs of wear and serious thought should be given to its future replacement if a breakdown in service is to be avoided.

Respectfully submitted.

Dr. Brian S. Brodie
Chiropodist

Dr. Suresh K. Ram
Chiropodist

Community Health Services
Branch Health Regions



March, 1983

KEY FOR HEALTH REGIONS:

No. 1 Swift Current (48,484)
No. 2 Moose Jaw - Assiniboia - Gravelbourg (69,060)
No. 3 Weyburn - Estevan (50,602)
No. 5 Regina Rural (73,291)
No. 7 Rosetown - Biggar - Kindersley (40,907)
No. 8 Saskatoon Rural (47,573)
No. 10 Yorkton - Melville (83,332)
No. 11 Melfort - Tisdale (73,991)
No. 12 Prince Albert (78,375)
No. 13 North Battleford (80,110)
Regina City (165,952)
Saskatoon City (159,581)

NOTE: Population served is given in parentheses — SHSP Covered Population at June 30, 1982, excluding Registered Indians and Northern Saskatchewan.

⊙ Regional Office
• District Office
○ City Health Office

Annual Meeting of the Regional Health Council, Regina Rural Region

Minutes of Meeting, June 16, 1986, Echo Valley Centre, Fort San

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The annual meeting of Regina Rural Regional Health Council was held on Monday, June 16, 1986, at James Hall, Echo Valley Centre, Fort San. There were 59 municipal health representatives and 29 health region staff in attendance.

The meeting was called to order at 9:30 A.M. by the Chair of the Board of Health, Mr. Fred G. Schmidt, who welcomed delegates and staff and then called on Della Anderson, District I representative on the Board, to introduce the Minsiter of Health, Honourable Graham Taylor.

Mr. Taylor welcomed the delegates on behalf of the Government of Saskatchewan and in his remarks stressed the importance of grass roots input to the total health care system. While the health care budget of approximately $1.2 billion is authorized by the government, it is the people who ultimately determine whether it is wisely spent. The Minister referred to the recently announced community therapy program presently being organized. With the objective of making therapy services more accessible to rural residents, this is an example of the community based programs which have helped make Saskatchewan's health care system one of the best.

Following the Minister's remarks, he was thanked by the Chair for his interest and his encouragement.

Mr. Schmidt then called on Medical Health Officer, Dr. C. L. Cunning, to outline the highlights of his report.

As in previous years, the reports of the Medical Health Officer and program staff were included in the Annual Review which was mailed in advance of the meeting to all municipal health representatives. Staff members therefore commented on highlights of their reports which were already in the hands of the representatives.

Dr. Cunning then introduced the keynote speaker, Dr. Louis Skoll, Director of the Seniors' Bureau, Saskatchewan Social Services, who addressed the meeting on the subjects of The Aging Process/Community Support Systems/Alzheimer's Disease. Dr. Skoll drew on his wealth of knowledge and experience to point out, first, that Alzheimer's Disease, first identified in 1906, is not to be characterized as the "old-timer's disease". He explained how Senile Dementia, Alzheimer Type is actually a progressive loss of brain substance which therefore affects all brain functions and human behaviour and capability to a greater or lesser degree. It is the inevitability of the deterioration and the difficulties of caring for those who are afflicted that place

such a severe strain on patient and family members alike. The disease is difficult to diagnose, and diagnosis is often made by eliminating other possible causes. Of the total population in Saskatchewan between the ages of 65 and 74, approximately 1.8% are afflicted, 7% of those between the ages of 75 and 84, and 14% of those 85 and over.

Dr. Skoll very graciously responded to questions from delegates and staff. His presentation contributed greatly to an understanding, not only of the tragedy of Alzheimer's Disease, but of the aging process in general.

Following a break for lunch at noon in Echo Valley Centre cafeteria, the representatives reconvened for district meetings in James Hall. Health region staff made themselves available to provide information as requested and respond to questions about the various programs.

Following the district meetings representatives gathered in open session to consider the reports and resolutions from the districts.

DISTRICT I

Discussion in the District I meeting included concern about cutbacks to public health nursing and inspection staff, the current lengthy waiting period for service from the Saskatchewan Hearing Aid Plan, and the need for more information about the long-term effects of heavy grasshopper spraying.

Resolution 1

It was moved by Alice Mills, Regina Beach, and seconded by Diane McAllister, R.M. 159, that

WHEREAS the work load of public health nurses has increased and their regions have increased per nurse;

THEREFORE BE IT RESOLVED that we recommend that there be no further reduction in public health nursing staff.

Carried.

Resolution 2

It was moved by Louise Holloway, Lumsden, and seconded by Glenn Larson, Pilot Butte, that

WHEREAS, for example, the Regina District Road Ambulance Board does not have representatives on its board from each municipality involved;

AND WHEREAS, for example, there was a tender for services recently advertised for an ambulance board without members knowing what was going on;

THEREFORE BE IT RESOLVED that the government department responsible for Ambulance Board services require there be at least one representative from each participating municipality (R.M., etc.) involved as a member of the Board as other boards operate.

Carried.

Resolution 3

It was moved by Florence Nicholas, R.M. 99, and seconded by Charlotte Vanstone, Lang, that

WHEREAS there is great concern over the effects of pesticides and herbicides on the general population;

AND WHEREAS there is general lack of knowledge among the medical personnel as well as lay persons on harmful effects and prevention and treatment of same;

THEREFORE BE IT RESOLVED that the Department of Health gather information on the subject and make it available through all media channels to the professionals and public, as we're finding great difficulty in acquiring same.

Carried.

Resolution 4

It was moved by Sandra Schlamp, Pense, and seconded by Alice Mills, Regina Beach, that

WHEREAS new programs and positions are being added at the expense of our present services such as public health nurses and health inspectors;

THEREFORE BE IT RESOLVED that new programs not be initiated at the expense of the basic health and preventive health programs of public health nursing and public health inspection.

Carried.

Resolution 5

It was moved by Glenn Larson, Pilot Butte, and seconded by Jack Gilmour, R.M. 189, that

WHEREAS there is currently a shortage of chiropodists in the Province of Saskatchewan resulting in inadequate chiropody service to residents of Saskatchewan;

THEREFORE BE IT RESOLVED that the Regina Rural Health Region urge the Minister of Health to recruit additional chiropodists immediately, and, as a long term solution, to establish a school of chiropody in the province to meet the needs of Saskatchewan people.

Carried.

DISTRICT II

Joe Wallace, Nokomis, chaired the District II meeting in the absence of Board representative, Hugh McLeod, because of illness.

District II representatives expressed commendation and support for the "Safe Grad" and Aware" programs and for alcohol education programs in schools. Continuing concern was expressed regarding a need for chiropody service in the Nokomis/Punnichy area, the level of public health staffing, and rural medical practice.

Hugh McLeod of Leross was confirmed as the representative to the Regional Board from District II following his written offer to withdraw.

Resolution 6

It was moved by Lewis Simpson, R.M. 280, and seconded by Jacob Krentz, Duval, that

WHEREAS public health vacancies are not being promptly filled;

AND WHEREAS our senior age group is becoming a greater percentage yearly;

THEREFORE BE IT RESOLVED that greater emphasis be placed on the securing and filling of all such vacancies or new positions when they arise.

Carried.

Resolution 7

It was moved by Ken Thomas, R.M. 247, and seconded by Helen Thompson, Bulyea, that

BE IT RESOLVED that a public health nutritionist be lcoated in (each) health region in order to meet the expanding nutrition needs in the region, expressly the needs of preschool and seniors in the region; we believe that twinning with other regions is not the answer.

Carried.

Resolution 8

It was moved by A. Fairbairn, Saskatchewan Beach, and seconded by G. Kreitzer, R.M. 278, that

BE IT RESOLVED that since inadequate chiropody care is still a problem in our health region, we again request that additional manpower and resources be allotted to this important need in our community.

Carried.

Resolution 9

It was moved by David Hansen, Semans, and seconded by Helen Thompson, Bulyea, that

WHEREAS the supply of doctors in our rural communities remains short;

THEREFORE BE IT RESOLVED that the Regina Rural Health Board request to meet with the Advisory Committee (regarding) the problem rural communities are facing in this region (with a view to enabling) doctors in an area to be able to use facilities in an adjacent community.

Carried.

DISTRICT III

Discussion in the District III meeting centred on the response from the Minister of Health to resolutions submitted the previous year. Several local problems were discussed as well as more general concerns such as family health counselling and the need for continuing alcohol education in schools beginning with Grades 3 and 4.

Resolution 10

It was moved by Gloria Karpa, Indian Head, and seconded by Irma Trapp, Balcarres, that

WHEREAS it increases the work load of the existing staff;

THEREFORE BE IT RESOLVED that there be no further cutbacks in health nurses in Regina Rural Health Region.

Carried.

Resolution 11

It was moved by Jean Kurbis, Qu'Appelle, and seconded by William Michelson, R.M. 217, that

WHEREAS the assistants are being used to perform clerical duties, and there being a shortage of chiropodists;

THEREFORE BE IT RESOLVED that clinics be supplied with full-time clerical help, thus freeing the assistants for the work they were hired to do, and that there be ongoing recruitment for trained chiropodists.

Carried.

Resolution 12

It was moved by Jean Kurbis, Qu'Appelle, seconded by Corrine Cameron, B-Say-Tah, that

WHEREAS students are not receiving alcohol and drug education in the lower grades;

AND WHEREAS this is still a problem in rural areas;

THEREFORE BE IT RESOLVED that an education program to combat alcohol and drug abuse among school children be developed for use in the lower school grades.

Carried.

DISTRICT IV

Philip Hoffman was re-elected as District IV's representative to the Regional Board of Health for a further three-year term.

The nutritionist was commended for her excellent nutrition education work especially given the need to provide service to two health regions. There was also some discussion about the concept of a crisis line in rural areas.

Resolution 13

It was moved by E. Chatterson, R.M. 155, and seconded by Linda Schneider, R.M. 127, that

BE IT RESOLVED that the education system further expand the drug, alcohol, and smoking educational program in the schools starting from the lower grades.

Carried.

Resolution 14

It was moved by Philip Hoffman, R.M. 154, and seconded by E. Chatterson, R.M. 155, that

BE IT RESOLVED that the government be made aware of the need for clerical staff for chiropodist practice and also the need for special equipment for the chiropody satellite stations.

Carried.

Resolution 15

It was moved by Peter Hozempa, R.M. 125, and seconded by Mary Chorneyko, Montmartre, that

BE IT RESOLVED that the government be made aware that we do not want the public health staff to be cut any further as the need for public health nursing positions is very high.

Carried.

Resolution 16

It was moved by Walter Pusch, R.M. 124, and seconded by Clairece Ferguson, Sedley, that

BE IT RESOLVED that the government be asked to increase the public health inspectors, so they will be able to complete inspections.

Carried.

It was agreed that Resolutions 13, 14, and 15 be combined by the Board with other resolutions expressing the same concerns.

DISTRICT V

District V reported that although their group framed no specific resolutions, their discussion had dealt with concerns common to all groups. There was considerable emphasis on the dangers of extensive use of pesticides, and the inadequacy of precautions taken by many users. Concern was also expressed that waste disposal grounds require more careful monitoring.

Geoff Bartlam was re-elected by District V as its representative to the Regional Board.

NUTRITION REPORT - Eunice Misskey

Eunice Misskey, Public Health Nutritionist, reported on the result of the votes cast by municipal health representatives from Regina Rural and Weyburn-Estevan to choose a title for the nutrition column prepared by provincial nutritionists for the weekly newspapers.

The winning title "Good Eating Today" was submitted by Clayton Cross, representative of the R.M. of Hazelwood No. 94; it will be used from now on for the nutrition columns appearing in weeklies in the two health regions. Congratulations were expressed to Mr. Cross, and also to Mr. Glenn Larson of Pilot Butte who submitted the runner-up entry.

The meeting adjourned at 3:30 P.M.

RESOLUTIONS 1986

The Regional Board of Health considered the resolutions at their meeting on July 22, 1986. Because some of them expressed similar concerns, only one of these were to be forwarded to the Minister. It was also judged that further information would be helpful to determine the up-to-date situation regarding some of the recommendations.

The resolutions were dealt with as follows.

Resolutions #1, 3, 4, 5, 7, and 11 - to be forwarded to the Minister of Health

Resolution #3 - to be forwarded to the Minister of Agriculture

Resolution #8 - concern expressed by Resolution #5

Resolutions #10 and 15 - concerns expressed by Resolution #1

Resolution #14 - concern expressed by Resolution #11

Resolutions #2, 6, 9, 12, and 13 were tabled pending further information and discussion.

Resolution #3

A supply of the Pesticide Safety Handbook, referred to in the letter from the Minister of Agriculture, will be at the annual meeting on June 16, 1987 for any representatives who would like a copy.

The book You and Toxicology, by H. Bruno Schiefer, Donald G. Irvine, and Shirley C. Buzik, is an excellent book, available at a cost of $10.00 from: Toxicology Research Centre
University of Saskatchewan
Saskatoon, Saskatchewan
S7N OWO

Saskatchewan

Minister
of Health

Legislative Building
Regina, Canada
S4S 0B3

April 29, 1987

Dr. C.L. Cunning
Secretary
Regina Rural Regional
Board of Health
3475 Albert Street
REGINA, Saskatchewan
S4S 6X6

Dear Dr. Cunning:

Thank you for forwarding resolutions passed at the annual meeting of municipal health representatives from the Regina Rural Health Region. I have had time to consider the resolutions and am pleased to have the opportunity to respond to them.

Re: Resolution #1 and #4 - That there be no further reduction in public health nursing staff and that new programs not be initiated at the expense of basic and preventative health programs.

As you are no doubt aware, a review is presently being conducted of the entire health care system to ensure that the programs are being delivered in the most effective and efficient way possible. A review of the staffing requirements for community health programs will be undertaken during this activity.

Re: Resolution #3 - That information on the effects of pesticide and herbicides be made available to all.

The Department of Health has taken a great interest in the subject of pesticides and herbicides and their effects on the general population. In cooperation with the Department of Agriculture and the Department of Environment, financial support was provided to the Toxicology Research Center at the University of Saskatchewan for the past five years. That institute has recently published an excellent book entitled "You and Toxicology". There is a chapter on chemicals used on the farm/garden, which provides information to both medical and lay persons.

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Re: Resolution #5 - That additional chiropodists be recruited immediately and that a school of chiropody be established in Saskatchewan.

As I mentioned, the Saskatchewan Government is presently conducting an organizational review of all areas of government. The chiropodists, similar to all other staff of the Community Health Services Branch, will be reviewed as part of the study. Until such time as the review is completed, no new chiropodists will be recruited. Service needs will continue to be monitored. Through a system of priorization, I am pleased to say that the chiropodists are able to meet priority needs at the present time.

Regarding a school of chiropody, I am pleased to say that at the present time, due to the low turnover of chiropodists in Saskatchewan, our needs are being met through recruitment and a bursary program. However, we will continue to give consideration to involvement in a Canadian School of Chiropody in the future, should the need for chiropodist manpower expand to indicate such requirement.

Re: Resolution #11 - That clinics be supplied with full time clerical help.

In establishing the chiropody program, a chiropody assistant was provided for each clinic and some clerical assistance was provided for the larger clinics. The Regina Chiropody Clinic does have the services of a part time clerical staff member whose duties relate to reception and other office procedures. As activities increase and as resources become available, further consideration will be given to providing additional clerical support. In the meantime, workloads will continue to be monitored.

Resolution #7 - That public health nutritionists be located in each health region.

Nutrition programs, directed towards health promotion and disease prevention for the total community, are an essential component of our health program. Since we do

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feel that it is vital to offer nutrition services to all areas of the province, the concept of sharing nutritionist services between two regions was implemented.

Before twinning was introduced, only six regions had a full-time nutritionist. Now all health regions have access to the same nutrition services.

Given the current fiscal situation, twinning will continue with priority program areas such as prenatal and preschool nutrition being addressed in all parts of the province.

I thank you once again for the opportunity to respond to your resolutions.

Yours truly,

George McLeod

Saskatchewan

Premier
of Saskatchewan

Legislative Building
Regina, Canada
S4S 0B3

(306) 787-6271

April 30, 1987

Dr. C. L. Cunning
Secretary
Regional Board of Health
Regina Rural Region
Saskatchewan Health
3475 Albert Street
REGINA, Saskatchewan
S4S 6X6

Dear Dr. Cunning:

Thank you for your letter of April 10, 1987 regarding the resolution brought forward by municipal health representatives at their annual meeting.

The government of Saskatchewan shares your concern over the effects of pesticides and herbicides on the general public. For this reason we have taken measures to ensure relevant information is available to those concerned.

The Toxicology Research Branch at the University of Saskatchewan has the role of providing toxicological information on pesticides. I have enclosed for your information a copy of the recently released booklet "You and Toxicology" which is available from the Toxicology Centre. This is an excellent publication for lay persons. In addition, the Toxicology Centre has prepared monograms on certain pesticides.

It should also be noted that the Toxicology Unit of Saskatchewan Labour provides medical/toxicological information to industry, physicians, etc. on toxicity and hazardous nature of chemicals. It was in co-operation with the Toxicology Unit that the Department of Agriculture prepared the enclosed "Pesticides Safety Handbook", which is readily available to the public.

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Once again, thank you for your concern on this very important issue.

Yours sincerely,

Grant Devine
Premier and
Minister of Agriculture

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